

**CHECKLIST  
for  
LMFT BY ENDORSEMENT**

- ☐ MFT 1 - General Information Form
- ☐ MFT 2 - Application Form
- ☐ MFT 4 - Professional Employment Experience Form
- ☐ MFT 5 - Marriage and Family Therapist Qualifying Questionnaire Form
- ☐ MFT 6 - Two Supervisor Reference Forms from most current MFT supervisors (or professional colleagues if supervision was completed more than three years ago).
- ☐ MFT 7 - Affidavit and Release Authorization Form
- ☐ MFT 11 - Verification of Licensure Form received from another state licensing board.
- ☐ \$150 Application Review Fee – one time fee required for first time applicants for Board Review of Credentials (if not previously submitted).
- ☐ \$300 License Fee for LMFT

**See application instructions for further details. DO NOT SUBMIT AN INCOMPLETE APPLICATION. Incomplete applications will be returned.**

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**MFT 1**  
**General Information Form**

**Alabama Board of Examiners in Marriage and Family Therapy**  
P.O. Box 240066  
Montgomery, AL 36124-0066  
Phone: (334) 215-7233  
Fax: (334) 215-7231  
E-mail: [leadershipa@gmail.com](mailto:leadershipa@gmail.com)  
Website: [www.mft.state.al.us](http://www.mft.state.al.us)



- Application for:**
- ☐ Marriage and Family Therapy Intern (MFT Intern)
  - ☐ Marriage and Family Therapy Associate (MFT Associate)
  - ☐ Permission to sit for the Marriage and Family Therapy
  - ☐ Licensed Marriage and Family Therapist (LMFT)
  - ☐ Licensed Marriage and Family Therapist By Endorsement

**Name:** \_\_\_\_\_  
Last First Middle/Maiden

**Social Security Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Gender:** ☐ Male ☐ Female

**Have you ever held an Alabama Professional License Before?** ☐ No ☐ Yes, as follow(s):

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

Name of Profession: \_\_\_\_\_ License #: \_\_\_\_\_

**Work Mailing Address:**

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Home Mailing Address:**

E-mail: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Preferred Mailing Address** (The address listed here will be public.):

☐ Work ☐ Home

**MFT 2**  
**Application Form**

- Application for:
- ☐ Marriage and Family Therapy Intern (MFT Intern)
  - ☐ Marriage and Family Therapy Associate (MFT Associate)
  - ☐ Permission to sit for the MFT Examination
  - ☐ Licensed Marriage and Family Therapist (LMFT)
  - ☐ Licensed Marriage and Family Therapist By Endorsement

**PROFESSIONAL GRADUATE EDUCATION:**

List all institutions at which you obtained graduate or post-graduate degrees.

Degree Awarded	Date of Degree	Program	Name of Institution	Accreditation by the Commission on Accreditation for Marriage and Family Therapy (Yes/No)

- ☐ Yes ☐ No I have enclosed an official transcript showing completion of my degree(s)/course work. (Not required if previously submitted with application for permission to sit for the MFT examination or MFT Associate application.)

**ACCREDITATION:**

- ☐ Yes ☐ No Is the earned Marriage and Family Therapy degree from a COAMFTE accredited institution? If "no," complete the Educational Requirements Form (MFT 3) and submit course descriptions.

**PROFESSIONAL EXAMINATION REQUIREMENT:**

- ☐ Yes ☐ No I am requesting permission to sit for the Marriage and Family Therapy Examination.
- ☐ Yes ☐ No I have passed the Marriage and Family Therapy Examination. (Only required for LMFT Applications.)
- ☐ Yes ☐ No I have enclosed an official copy of my test results showing a passing score. (Only required for LMFT Applications)

**MFT 4**  
**(Professional Employment Experience Form)**

List in chronological order all places of professional employment experience (most recent first). PLEASE SHOW MONTH AND YEAR FOR EACH.

1.

**Position:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **to** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Primary Responsibilities/Activities:** \_\_\_\_\_

**# of hours providing clinical services per week:** \_\_\_\_\_

2.

**Position:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **to** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Primary Responsibilities/Activities:** \_\_\_\_\_

**# of hours providing clinical services per week:** \_\_\_\_\_

3.

**Position:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Dates of Employment:** \_\_\_\_\_ **to** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_

**Primary Responsibilities/Activities:** \_\_\_\_\_

**# of hours providing clinical services per week:** \_\_\_\_\_

**Total # of cumulative hours for each line item:** \_\_\_\_\_

**MFT 5**  
**Marriage and Family Therapist Qualifying Questionnaire**

Check "Yes" or "No" for each question. Do not leave any questions unanswered. If the answer to any question is "yes," please explain below. Use an additional sheet if necessary (MFT 5b is provided for your convenience). Include complete information with respect to all circumstances and the final result, if such has been reached. **A "Yes" answer does not necessarily mean the applicant will not be granted a license.** However, additional documentation may be requested by the Board if the information submitted is insufficient.

1. ☐ Yes ☐ No Have you ever had a license, certificate, permit or registration to practice denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
2. ☐ Yes ☐ No Have you ever been permitted to resign or surrender your license to practice while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, professional association, or criminal or administrative jurisdiction?
3. ☐ Yes ☐ No Is any disciplinary action pending against you now by any licensing agency or professional association?
4. ☐ Yes ☐ No Is any action related to your conduct or client care pending against you now at any hospital, mental health care facility, agency, or individual private practice?
5. ☐ Yes ☐ No Have you ever been reported for child abuse or domestic violence?
6. ☐ Yes ☐ No Within the last five years, have you been addicted to or excessively used alcohol, narcotics, barbiturates or habit-forming drugs?  
If yes, have you enrolled in a recovery program? ☐ Yes ☐ No
7. ☐ Yes ☐ No Have you had any malpractice judgments brought against you?
8. ☐ Yes ☐ No Have you ever been convicted of a felony?
9. ☐ Yes ☐ No Have you ever misrepresented your professional qualifications?

Item #:\_\_\_\_\_ Explanation:\_\_\_\_\_

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**MFT 5b**

**Marriage and Family Therapist Qualifying Questionnaire Explanation Sheet**

Item #: \_\_\_\_\_ Explanation: \_\_\_\_\_

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Item #: \_\_\_\_\_ Explanation: \_\_\_\_\_

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Item #: \_\_\_\_\_ Explanation: \_\_\_\_\_

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Item #: \_\_\_\_\_ Explanation: \_\_\_\_\_

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**MFT 6**  
**Supervisor Reference Form**

**TO BE COMPLETED BY APPLICANT:**

Name and Address of Applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MFT designation applying for:      ☐ LMFT      ☐ MFT Associate      ☐ MFT Intern

My signature indicates that I waive my right to inspect the contents of this document:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR OR PROFESSIONAL COLLEAGUE:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Professional affiliation/license #: \_\_\_\_\_

In order that the Board of Examiners in Marriage and Family Therapy may have sufficient information to adequately assess the above applicant's qualifications, we would appreciate receiving the following information from you as his/her supervisor or professional colleague:

1. How long have you known the applicant? \_\_\_\_\_

2. How would you evaluate his/her technical knowledge and practical experience in the practice of marriage and family therapy?

☐ Excellent    ☐ Very Good    ☐ Fair    ☐ Needs Improvement

Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. To your knowledge, is the applicant of good moral character? ☐ Yes ☐ No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**MFT 6 (cont.)**  
**Supervisor Reference Form (continued)**

4. To your knowledge, with the last five years, has the applicant been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs?

☐ Yes ☐ No

If yes, do you know if the applicant is in a recovery program? ☐ Yes ☐ No

Please explain: \_\_\_\_\_

5. To your knowledge, has the applicant ever been reported for child abuse or domestic violence? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

6. To your knowledge, has the applicant had any malpractice judgments brought against him/her? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

7. To your knowledge, has the applicant ever misrepresented his or her professional qualifications? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

8. To your knowledge, has the applicant ever been convicted of a felony? ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_

9. If you answered "yes" to any of the above questions, has that information or your concerns been discussed with the supervisee? \_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor or Professional Colleague

\_\_\_\_\_  
Date

**INSTRUCTIONS TO SUPERVISOR/COLLEAGUE:** Place the completed form in a sealed envelope and sign your name across the seal. You may then return the envelope to your supervisee in order for them to complete their application materials.

**MFT 7**  
**Affidavit and Release Authorization Form**

**Affidavit**

I, \_\_\_\_\_, being first duly sworn declare under penalty of perjury as follows:

I am the applicant described and identified in this application for licensure in the State of Alabama.

I am qualified in all respects for the license for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the me and associated individuals necessary to properly evaluate my qualifications for licensure.

I will ensure that any information subsequently submitted to the Board in conjunction with this application or its supporting document(s) meets the same standards as set forth above.

I understand that it is unlawful and punishable as a Class A Misdemeanor to apply for or obtain a license or to otherwise deal with the Board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

**Release Authorization**

I hereby authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Board records or information reasonably required for the Board to properly evaluate my qualifications for licensure by the State of Alabama.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Signature

Subscribed to and Sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

**MFT 11**  
**Verification of Licensure Form**

State Board:

I am applying for a license to practice Marriage and Family Therapy in the State of Alabama. The Alabama Board of Examiners in Marriage and Family Therapy requires that this form be completed by each jurisdiction in which I hold or have held a license. Please complete the form and return it to:

**Alabama Board of Examiners in Marriage and Family Therapy**  
**P.O. Box 240066**  
**Montgomery, AL 36124-0066**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name at Time of License: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

**THE FOLLOWING SECTION MUST BE COMPLETED BY THE STATE LICENSING BOARD  
OFFICE AND MAILED DIRECTLY TO THE ALABAMA BOARD OF EXAMINERS IN  
MARRIAGE AND FAMILY THERAPY.**

The individual listed above has applied for licensure in Alabama. Before further consideration is given to this application, we need the information requested on this form. (Use additional sheets if necessary.)

Title of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Original Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Status: ☐ Active ☐ Inactive ☐ Temporary ☐ Other (explain): \_\_\_\_\_

Licensure Method: ☐ Grandfathering ☐ Reciprocity/endorsement ☐ Examination

If licensed by examination, Name of Exam: \_\_\_\_\_

Level of Exam: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Score: \_\_\_\_\_

Has any disciplinary action been taken against the licensee? ☐ Yes ☐ No

If "yes," please provide our office with any documentation regarding the disciplinary action.

Do you have any derogatory information concerning this person? ☐ Yes ☐ No

If "yes," please explain.

What are the supervision requirements for licensure in your state? \_\_\_\_\_

What are the examination requirements in your state? \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

State Board of: \_\_\_\_\_

Board Seal